TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT (Under 37 CFR 1.97(b) or 1.97(c))				Docket No. 17044	
In Re Application Of: Hirokazu Nishimura et al.					
Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.
10/667,865	September 22, 2003	Unassigned	23389	3762	1153
Title: DIAGNOSTIC SUPPORT APPARATUS					
Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450					
 The Information Disclosure Statement submitted herewith is being filed within three months of the filing of a national application other than a continued prosecution application under 37 CFR 1.53(d); within three months of the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; before the mailing of a first Office Action on the merits, or before the mailing of a first Office Action after the filing of a request for continued examination under 37 CFR 1.114. 					
 The Information Disclosure Statement submitted herewith is being filed after the period specified in 37 CFR 1.97(b), provided that the Information Disclosure Statement is filed before the mailing date of a Final Action under 37 CFR 1.113, a Notice of Allowance under 37 CFR 1.311, or an Action that otherwise closes prosecution in the application, and is accompanied by one of: 					
☐ the statement specified in 37 CFR 1.97(e);					
OR					
☐ the	fee set forth in 37 CF	FR 1.17(p).			

TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT Docket No. (Under 37 CFR 1.97(b) or 1.97(c)) 17044 In Re Application of: Hirokazu Nishimura et al. Application No. Filing Date Confirmation No. Examiner Customer No. Group Art Unit 10/667,865 September 22, 2003 Unassigned 23389 3762 1153 Title: DIAGNOSTIC SUPPORT APPARATUS Payment of Fee (Only complete if Applicant elects to pay the fee set forth in 37 CFR 1.17(p)) □ A check in the amount of is attached. ☑ The Director is hereby authorized to charge and credit Deposit Account No. 19-1013/SSMP as described below. Charge the amount of Credit any overpayment. X Charge any additional fee required. ☐ Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. Certificate of Transmission by Facsimile* Certificate of Mailing by First Class Mail certify that this document and authorization to charge deposit I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage account is being facsimile transmitted to the United States Patent and Trademark Office (Fa as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on (Date) (Date) Signature of Person Mailing Correspondence Signature Typed or Printed Name of Person Mailing Certificate Typed or Printed Name of Person Signing Certificate *This certificate may only be used if paying by deposit account. Dated: April 18, 2008 Signature Thomas Spinelli Reg. No. 39,533 SCULLY, SCOTT, MURPHY & PRESSER, P.C. 400 Garden City Plaza, Ste. 300 Garden City, NY 11530 (516) 742-4343 TS:jam CC: